

PROCEEDINGS OF THE AD HOC
MENTAL HEALTH TREATMENT COMMITTEE

Pursuant to Section 19.84, Wis. Stats., notice is hereby given to the public that an Ad Hoc Committee of the County Board of Supervisors met regarding Mental Health Treatment on Wednesday, August 24, 2016 in the 1st Floor Conference Room, Sophie Beaumont Building, 111 N. Jefferson Street, Green Bay, Wisconsin.

Present: Chair Guy Zima, Vice Chair Erik Hoyer, Human Services Director Erik Pritzl, Behavioral Health Manager Ian Agar, Sheriff John Gossage, Joshua Member Cheryl Weber, Assistant Corporation Counsel Rebecca Lindner, Supervisor Erik Hoyer, District Attorney Dave Lasee, Hospital Administrator Luke Schubert, Citizen Member Pat La Violette

I. Call meeting to order.

The meeting was called to order by Vice Chair Hoyer at 12:30 pm.

Erik Hoyer introduced Pat La Violette to the Committee. La Violette informed that she had spoken with Guy Zima about this committee and he welcomed her to join.

II. Approve/modify agenda.

Motion made by Pat La Violette, seconded by Rebecca Lindner to approve. Vote taken. MOTION CARRIED UNANIMOUSLY

III. Approve/Modify Minutes of July 27, 2016.

Cheryl Weber indicated that under Item 3 of last month's minutes, reference was made to the number of groups addressing mental health issues. The minutes reflect that this had been addressed at the Mental Health Connections meeting however it was addressed at the Green Bay Mental Health Task Force meeting which is different than Mental Health Connections.

Motion made by John Gossage, seconded by Rebecca Lindner to approve as amended. Vote taken. MOTION CARRIED UNANIMOUSLY

- 1. Discussion, review and possible action: Request that Brown County review its past and present mental health services and develop a more comprehensive plan to treat both short and long-term mental health patients including but not limited to 1) alcohol and drug abuse detox and treatment; and 2) children, adolescent and adult mental health treatment.**
- 2. Discussion, review and possible action: Request that the Human Services Director and Brown County Sheriff work together to develop a plan to provide a treatment plan for prisoners who presently make up a third of our jail population.**

Guy Zima arrived at 12:34.

Hoyer said this meeting will follow the format used in the past where an update is given on each of the initiatives.

Erik Pritzl talked first about mobile crisis and informed that as of the middle of July, mobile crisis was fully staffed for all positions that were part of the expansion. He receives reports detailing all mobile crisis contacts. The reports break down where the contact occurred, if the contacts were mobile or in person, what the primary stressor is, etc. He also receives a separate report that pulls out the mobile assessments and shows what goes on on a monthly basis. There was an increase in in person mobile assessments of 21% from June to July. Pritzl continued that one of the benchmarks they hoped to attain was response time of less than 30 minutes and 88% of contacts in July met this benchmark compared to 87% in June. Pritzl also noted that there was an increase in the number of diversion stays where people were diverted from a hospital

setting to an alternative setting and he would like to see more data on this. The number of diversion days increased to 51 with the mobile crisis contacts in July which was up from 42 in June. Pritzl said everything increased with the exception of the duration of mobile crisis assessments. The average time per mobile crisis assessment went from 83 minutes in June to 58 minutes in July. There are a number of factors that could influence the duration. Pat La Violette asked what someone experiences when they are in diversion for 51 days. Behavioral Health Manager Ian Agar responded that it would be unusual for someone to be in diversion for that length of time. The typical reason someone would be in for that length of time would be related to homelessness. Sometimes a lack of someplace to go may lengthen the amount of time someone is there as they try to get the person the services and assistance they need. If someone is there for 51 days, Agar would question why the person is still there and if they have been connected with services and if alternative housing options have been looked at. He noted that diversion is not intended to be a placement facility, it is intended as crisis stabilization which is short-term. A 51 day stay would be unusual. Agar continued that if someone is established with case management through the County, they would have contact with their case manager during their stay. They could also receive therapy through a County therapist or a community based therapist during their stay.

Sheriff Gossage asked about the response time that Pritzl mentioned earlier. He assumed the numbers provided are from the time law enforcement contacts the Communication Center to contact the Crisis Center. Gossage queried the Police Chiefs at a recent meeting whether any benefit is being seen from mobile crisis. He asked specifically if the Chiefs feel mobile crisis is reducing the amount of law enforcement time spent with a patient. The feedback was that for the most part what happens is law enforcement gets to the scene and then brings the individual to the hospital for medical clearance, but the hospitals disallow crisis to come in and talk to the person and this is a huge hang up. Law enforcement is trying to expedite and get back on the road quickly, but the hang up seems to be at the hospital level.

Pritzl said crisis being allowed into the hospitals is something that has been talked about in a few different settings. Some hospitals allow crisis in and others do not. Pritzl said they are trying to understand the total time it takes to do an EM1 and this has been discussed at several different meetings. They are trying to understand what the total time is versus what the target time should be and where they are losing time in the system. What keeps coming up over and over is the medical clearance portion. When law enforcement brings someone to the hospital for medical clearance, they go through an assessment and then have labs and sometimes other testing. Crisis is not allowed to come in while the patient is waiting for lab and test results. Crisis can only become involved when the person is medically cleared, and even then, they are not allowed in the emergency room; they have to go to some other location in the hospital. Agar added that a subcommittee has been formed to look specifically at the issue of medical clearance in the hospital. Pritzl added that they hear frequently about the long waits, but they do not hear about times when this process happens very quickly, so they do not have appropriate data to come up with an average time. They are trying to get this information and he felt the hospitals could provide pretty accurate information on this, but the time before the person gets to the hospital and the time after the medical clearance is given is information that Human Services does not routinely see.

Luke Schubert arrived at 12:36 pm

Chair Zima asked what hospitals do not allow crisis into the emergency room. Agar responded that neither St. Mary's nor St. Vincent allows crisis in the emergency rooms. People land in the emergency room because that is where law enforcement takes them. Zima asked for more details on why people are sent to the hospital for medical clearance. Gossage said people are taken for clearance for such things as drugs and alcohol. Zima felt the County should set up some kind of program where everyone is taken to one hospital under the conditions that the County wants. This is a service that could be sent out for bids. He said in looking at the problem he found the problem is us. He appreciated all of the comments, but felt there are ways to solve problems and get firm with things. The hospitals need to be told that they change their policy in such a way that the County can expedite the programs necessary to hold the jail population down and get people the treatment they need on a timely basis. People need to have treatment in a crisis and not spend time sitting

around. Agar responded that one of the challenges for the hospitals is that the medical clearance process is typically uncompensated. If the County Board becomes involved in funding this process, it would be very expensive. Zima said the medical fees are absurd because they do all the tests in the world. He felt the County hiring their own doctor to do medical clearance is an idea that should be looked into. Pritzl did not think that that idea would work. Zima responded that the County cannot keep going the way it is going and noted that the County Board will not go for all this stuff if all they are told is that there are knots that cannot be untied. He felt that where there is a will there is a way and it is time for the County to find the will and way to get things done. Zima felt if there is some bureaucrat goofing things up we have to find a way to change things. He said if it means the County goes to one hospital and makes a contract, then that is what should be done. Pritzl did not feel the County could direct people for emergencies to one hospital. Zima reiterated that this service should be sent out for bids to see what the charges would be. He also noted that this is an open public meeting and people need to talk straight here and he suggested inviting people from the hospitals to the next meeting to talk. Gossage liked the idea and suggested that the attorneys for the hospitals be invited to the next meeting to give input and hear concerns. Assistant Corporation Counsel Rebecca Lindner said it has always been St. Mary's and St. Vincent that do not allow crisis in. At times over the years, Bellin was the place to go and they complained that everyone came there because they made it easy by getting people in and out quickly. Bellin then stopped making it so easy because they were incurring costs for all of the uninsured people and, further, if people were insured elsewhere and were brought to Bellin, their insurance would not cover the services. Zima felt a meeting with the hospitals should be held sooner rather than later so we can let them know they can either be part of the problem or part of the solution. He said hospitals have become big business and it is time for them to know that the County means business too and he is happy to have Sheriff Gossage and Joshua and the DA as well as Judge Zuidmulder to help with this.

Zima also asked if medical clearance could be given through Urgent Care facilities instead of the emergency room. Agar noted that medical clearance has to be given by a doctor and Urgent Care does not always have doctors. Zima would like to bypass the emergency room which costs five what Urgent Care does. Pritzl said they are working on getting a medical clearance group together. Hospital Administrator Luke Schubert said that the uniform standards protocol for emergency detentions has been updated at a meeting held recently with the area hospitals. Zima felt it was time to get cooperating with the system and face the fact that a lot of this is a formality and we need to find a different way to get the job done. He said people have to be cleared medically as quickly as possible so they can get into a facility that can meet their needs for detox, mental health, etc. He continued that it is time to start growing the County facilities to meet the needs. Zima is not interested in pussy footing around; he wants to get to the heart of the problems and start solving them. Pritzl will invite the hospitals to attend the next meeting. Zima said that at that meeting the problem will be laid out and the hospitals will be told that they need to be part of the solution. Agar stressed the importance of medical clearance is so that people do not die in the County's custody because there is great liability in people dying in the County's custody. Zima is not talking about not medically clearing people; he is talking about finding a more efficient way to get the clearing done that serves the programs. According to Schubert, the Urgent Care suggestion will present some challenges and he would like to have the hospitals speak to that. Schubert also felt that using one ER could be an option and if the County is funding it he did not think that the hospitals would have a problem with this. Joshua Member Cheryl Weber asked if Aurora and Bellin allow mobile crisis into their emergency rooms and intensive care units. Lindner said they both do, but St. Mary's and St. Vincent, which are part of the same system, do not allow crisis into the emergency room or intensive care unit. Weber recalled that at a recent basic needs meeting telepsych was discussed as a way to connect mobile crisis with the patient. Lindner stated that Bellin was testing telepsych but she did not know how it was going. She continued that the reason the hospitals give for not allowing mobile crisis in is because if someone were to die in their care in their emergency department because of a decision a Brown County crisis worker made, there would be a political liability issue and they have been bringing this up for years. Weber noted that both St. Vincent and St. Mary's contract their emergency room doctors. Lasee agreed and said that the physician groups have their own counsel and liability issues. Lasee said the emergency department directors are who should be invited to the next meeting. Schubert added that there is not a lot of current incentive to change because they are getting paid regardless. Lasee said the question is who is paying and Gossage said he would like to know if the

County is being charged back for the services. Schubert responded that typically the bills are covered under private insurance or community care. Zima asked what the typical costs are for medical clearance and although a specific number was not given, it was indicated that the bills were large. Zima said since the hospitals cannot turn away indigent people, they have to write off the bills. He said if the County can get it across that the County will pay a certain amount that is halfway reasonable for those who do not have insurance they will get all the business. If the person says they have insurance, they can be taken to where their insurance will pay. If they do not have insurance or do not know if they have insurance, the person would be taken to where the contract is. The medical clearance would be done as quickly as possible so the person can begin appropriate treatment as soon as possible without being brought to jail. Zima continued that he started this entire initiative as a way to reduce the jail population and that is what he wants to see happen. Gossage recalled that he had advised Zima early on that it would take a while before dropping recidivism rates would be seen. Pritzl wanted to be sure that he understood what Zima wanted. Zima responded that what he wants is for the hospitals to know that this is a serious business and that this committee is trying to get things solved.

Pritzl confirmed that one of the things Zima is proposing is looking at a contract for medical clearance for individuals who are uncovered and noted that currently there is a hospital system that is absorbing those costs and what Zima is proposing is taking the costs out of the hospital and putting them to the government. Zima said the hospitals need to cooperate for the sake of the community and that is important for their public relations. Hoyer noted that at this time half of the hospitals are doing that without the incentive and the other half are not doing it and an incentive of paying \$300 - \$400 will not cover their costs. Pritzl clarified that all of the hospitals do the medical clearances, it is just that half of the hospitals allow crisis in and the others do not. This would be trying to use a financial incentive which would be moving the cost off the medical system to the County system instead. Zima felt the hospitals need to work with the community and help with the severe problems for a modest amount of money. He said he would like two representatives of each hospital, as well as the emergency room directors at the next meeting. He would like the first or second in command of each hospital. He wants them to know that we are going to solve these problems and are not going to build a new jail.

Zima asked why the hospitals do not want crisis in the emergency rooms. Lindner responded that they say it is a risk to let County decision makers into the emergency room. She noted that Bellin and Aurora let crisis into the emergency rooms and understand that there is not a risk as the statutes give immunity for County decision making. Zima asked about a hold harmless agreement and Lindner responded that the statutes say that if you act in good faith, they are not responsible. Zima would like to see the lawyers of the hospitals attend the next meeting as well. Weber did not think the County needs to offer money to the hospitals that do not allow crisis in. She felt that we should ask the hospitals that do not do it to come to the table and explain why they do not let crisis in, and if they say it is because of the liability, then the County needs to show that that is a problem and law enforcement is having issues with this. She felt that for public relation reasons they will listen. Weber also noted that there are two other committees trying to deal with this as well. Zima said that the benefit of this Committee is that it is an open meeting and everything that is said will be recorded. La Violette questioned if we need to meet with everyone or just those hospitals that do not currently allow crisis into the emergency rooms. Zima said we should invite them all and make a big deal out of it and get some press coverage we will get serious people making decisions for the community in front of the spotlight. La Violette would like to give them the chance to make some changes before they are invited to a public meeting. Pritzl noted the hospitals have been very clear as to the reasons they do not allow mobile crisis in and it does logically make some sense. He felt that Bellin understood because they have Bellin Psychiatric and understand what occurs in the emergency department and what occurs for decision making and how someone transitions to an inpatient psychiatric unit.

Pritzl spoke next about the detox portion of the initiative. He informed that detox guidance has been sent out and they have had people come forward for detox on both holds and a voluntary basis. In the transition from detox, if the person is willing to engage and continue with treatment as a temporary measure they can go to Bay Haven and then go through the outpatient orientation program followed by an assessment with a substance abuse counselor. Pritzl continued that what

they saw in the first few detox situations was people did not stay and want to engage in treatment but instead chose to leave, which is their choice.

Gossage said he has spoken with Chief Biederwiden of De Pere who indicated that they were the first to use this process and the person they brought in did not stay. They then brought the person back to Bellin, but Bellin would not accept them because the person was already there and walked out. Things were eventually worked out, but there was some angst on the part of law enforcement because of this. Agar noted that there have been a few stumbling blocks but these have been worked out. Gossage said that originally De Pere was told there was not enough funding to bring the person back. Pritzl said they realize that a person may have to go through this process several times before they get through it so the door will not be closed on repeat admissions. Weber asked if all law enforcement is informed of the process and Pritzl said that all law enforcement agencies have been provided with the protocols and the VA asked about this and has been given all of the protocols as well.

Zima felt detox is one thing, but longer term treatment is another thing. He said the alcohol unit is basically a revolving door and has about a 2% success rate. Many people are in and out of the door and he wants to come up with a solution and expand something to provide a longer term treatment facility where people can really be treated. The Judge can make this a condition that they go to treatment or go to jail. There are other states that have this and are having some success and he did not feel that we will have much success by just detoxing people and then putting them back on the street. He said that taking a piece of what would be spent building onto the jail could be used to build a drug and alcohol abuse treatment center to provide longer term treatment. Zima said that there is an alcoholic community that needs help. Pritzl responded that just because someone has alcohol issues does not mean that they are going to stay in treatment, but that option needs to be made available. Zima said that these are the people who are getting in trouble and ending up in the jail. La Violette asked if the County has a relationship with the Jackie Nitschke Center and Pritzl responded that the County does have an agreement with them for residential treatment and they will also be bringing forward a proposal that uses community capacity to provide longer term treatment. Nitschke is the only option in Brown County, but there are other options in Appleton, Oshkosh and Kiel. Zima would like to know what the total bed capacity is for this.

La Violette asked what inpatient treatment costs. Agar said it is about \$8,000 – 10,000 per month and Pritzl added that it is an investment in someone's recovery to get them not using other resources and not going to jail. Nitschke does have a few scholarships available. Pritzl said that the County used to support the scholarships, but this has dropped off significantly. He noted that the current initiative allows the County to bring back Nitschke and also look a little broader and what else is available. Zima said we have to start doing some calculating on what the costs are for farming people out vs. building our own facility. Zima's sense is that looking into other facilities is like trying to scrub the library with a toothbrush. He said we have to start getting real about the big picture. Either we spend \$20 million on the jail or we take much less than that per square foot and build our own facility. Zima said a treatment center could be staffed for less money than the jail and this is an opportunity of a lifetime. Pritzl agreed that we need to look at this and understand better what the cost would be and how we could do it and who could do it. In the meantime, Pritzl feels it is important to move ahead with residential treatment now and the best way to do this at this time is to look at the community providers and get the service purchased for people who need it now while we look at longer term options. Zima asked how big of a scope Pritzl is talking about for residential treatment. Pritzl said in the short term they are looking at getting contracts in place with the different facilities to get a better picture of how many people would go through treatment and he noted that there are a lot of people who say they want treatment but do not stay. Zima said that this is where the Judge can come in and give people who commit the crimes the choice of going to jail or going to treatment. Everyone needs to cooperate together on this to find a way that people do not get to say no and the success rate needs to be greater than 2%.

Hoyer asked where the people being sent out to community providers come from. Pritzl said there are a number of sources including people being brought in by law enforcement as well as going through detox as well as people calling outpatient services saying they need help with drug and alcohol issues. Some of the people in intensive outpatient could probably

benefit from residential treatment, but they are trying them in intensive outpatient treatment first. Lasee noted that people in some of the treatment courts have been sent to residential and there is also a pilot program for heroin cases the County is working on with Prevea where there are scholarship dollars in the DA budget that they got from Prevea to send people to residential at Jackie Nitschke and the people go as a condition of bail. These people can get out of custody but they have to live at Nitschke until they are finished and they have to participate in the program. This is something that can be ordered, but it is not cheaper than putting someone in jail. A determination would have to be made who will be targeted for detox because not everyone is a good candidate, especially if someone is not going to actively participate in the treatment. Lasee did not necessarily think it was true that a treatment center would be cheaper than a jail. Zima responded that he had read articles on this and other states have done it and been successful in reducing jail population. Zima also said a comparison would have to be made as to how much it costs to employ jailers versus drug and alcohol abuse counselors.

La Violette asked how much money was in the budget for next year to take care of the people who need to go to Jackie Nitschke or another treatment facility. Pritzl responded that the residential treatment money from the initiative which would be carried forward to next year is about \$300,000 - \$350,000 and that would be enough for 37.5 full stays. Weber asked if the money was just for alcohol and it was indicated that it would be available for any substance. Pritzl said there is different money set aside for people with mental health issues. Weber asked if the detox money was just for alcohol and Pritzl responded that Bellin will treat people abusing other substances, but it is not a medical detox. If there are co-occurring needs such as alcohol and heroin, Bellin can help.

Zima said the goal should be to increase the funding to provide at least 75 – 100 full residential stays and he did not think it would be hard to convince the County Board that that is what is needed, especially since there are about 700 detoxes in the jail every year. It is time to get serious about this. Lasee asked if there was capacity to do 100 stays. Pritzl responded that currently the places that have capacity for residential treatment are Mooring in Appleton, Casa Clare in Appleton, Nova in Oshkosh, Jackie Nitschke in Green Bay and Pathways in Kiel. Zima felt there needs to be a facility here and asked if there was room available at diversion. Pritzl responded that populations cannot be mixed at that facility and noted that there are licensing considerations as well. Mixing short term crisis with long term treatment is not the model to use. Zima reiterated that there needs to be more places right here. The lack of services is shameful in his opinion. Lindner asked what the capacity of diversion is and what the average capacity is. Agar responded that there are 20 beds and on average there are about 10 – 12 beds in use, but there are occasions when it is at capacity. Zima referenced Reformation House on Jefferson Street and noted that the building is currently for sale and asked if this is something we should look at. Pritzl replied that the process would be to decide how much money we want to set aside for this, and then put it out to the community what is wanted and then the community would basically bid on the services. Pritzl continued that he did not think a County facility is necessary; he feels that the County could easily work with a provider on this. Zima said an RFP should be put out for the needed services and then be compared to what it would cost to build and staff a facility. If the County is long term committed, the County needs to have a facility that they cannot walk away from and abandon. Zima wants to have the community committed to providing real help with a system that helps. This is a chance for the County to start doing some mental health treatment on a serious matter. Zima said that for now, in the short term, we need to have enough resources to contract out for more than 37 people. At this time, Pritzl is not worried about capacity because he does not know how many people actually need the services. The ability to work with different providers allows the opportunity to move the population as necessary. If it gets to the point where some of the providers are near capacity all the time, then we can look at the County having its own facility, but this needs to be done in incremental steps because at this time we do not have a good frame on the scope of the problem. Zima said we should start doing the analysis and he made it very clear that the County Board holds the purse strings, not the County Executive.

Pritzl spoke next about the day report center and said there will be a purchasing announcement coming out soon. The scoring and reference checks are complete and the project is at the point where an award letter will be extended and people will be notified after that. Pritzl felt this would happen very soon. The location of the day report center was

questioned and it was indicated that the RFP called for the location to be downtown. Lasee said that whoever the provider will be will probably have a startup period of 60 – 90 days.

3. Report re: Sequential Intercept Mapping.

Pritzl felt the mapping workshop was a tremendous success, but where it gets a little shaky is how to move ahead. There are six recommendations along with some action plans that were put together, but there are also a number of gaps. Pritzl views the recommendations as the key thing for this group to consider. He would like to determine the priority order of the recommendations, which are attached hereto. The report also talked about some ranking that occurred but the priorities were changed. He said there were things that were voted on and mapped at the workshop, but then they got transformed into recommendations and some things got action planned but there seemed to be some disconnect. Weber agreed with this. Pritzl said some of the things that are in the action plan are things that were not discussed. The recommendations are more for this group to look at and decide where to start.

The first recommendation referred to the number of committees and task forces that overlap. There are as many as 10 – 12 multiple groups dealing with the same issues and the same things are being talked about at many of them. Weber said there will be a report coming out that breaks down those who work on mental health initiatives, those who support mental health initiatives and those that partner with those organizations. The Green Bay Mental Health Task Force will be working to see if some of those committees can combine to reduce the number of redundant meetings. She said that this report will be beneficial in dealing with recommendation one. She will bring the report to this Committee upon completion.

The second recommendation was to conduct a process evaluation and establish performance measures for the recently implemented jail liaison program and the day report center that is under development. Pritzl said one person has been hired as a jail liaison and that person has been the only one in the position and she did report her activity and has numbers. Those figures are currently in a Power Point but Pritzl will work on having those numbers reduced to a summary to be provided to this group. He said the jail liaison needs to know about the peer resources and how to get people connected to those places, such as NAMI and Dar June. Weber has spoken with the jail liaison and it seems like it is an awesome position and the liaison is really connecting people to a lot of community resources to help them sign up for insurance, find clothing, find housing, etc. Lindner added that the jail liaison is also signing people up for Badger Care before they leave jail so that as soon as they are released they can go to treatment immediately. Pritzl noted that working with the jail liaison is done on a voluntary basis, but people are requesting her services frequently. Zima questioned if there should be more than one liaison for continuity purposes. Pritzl said that was a good point and Zima would like this on the agenda for the next meeting to talk about the need for a second position. Weber hopes the liaison is being paid well so she stays on. Zima said that up until the time these initiatives were brought forward there seemed to be some lethargy in the Human Services Department. He felt this Committee has been able to bring about some new, exciting things for staff and the community. Zima does not want fear of facing the County Executive to be a factor in not asking for a second position if one is needed. The jail liaison is working with the people we want to keep out of the jail in the future. Hoyer asked if another liaison would be a greater priority than another case worker for the treatment courts. Pritzl said that at this point the case worker for treatment courts would be more important. Right now we are not able to see that these people are not going back to jail and are reducing law enforcement contacts. The program needs to be up and running for more time to be able to see those numbers, although at this time Pritzl felt the liaison is doing a very good job. Zima suggested bringing the liaison to the next County Board meeting so the Board understands what is going on. He would like to see more people being diverted but Hoyer felt Zima was a little ahead of his time. Pritzl felt the numbers would show that this is working, but he has to wait for the numbers and then they can build a case. He said they are doing more than status quo for next year because they will be asking for a treatment court case worker and an AODA clinician as well. Zima asked if Pritzl will also be asking for more money for the CBRF contracts to serve more than 37 people. Pritzl responded that is something that would

have to be added at the Board level but he will be asking for all of the money that is already set aside for this year, plus the entire amount again next year.

Recommendation number three talks about including and building upon the work of family members who have shown significant interest in collaborating. Pritzl was trying to see how this would come together. They talked about family members and people who have lived with the same experiences being effective voices, but Pritzl did not quite understand this and neither did Weber. Weber understood the recommendation to be more about peer specialists and family members trying to get their family member help and advocating for them. Pritzl and Weber both felt that this was already happening.

Weber said peer support in AODA and mental health can be hired to come and mentor people during their recovery. Zima felt that many times people just need a friend more than anything. Weber said that that is how the veterans' treatment court works with each participant having a mentor. Zima said keeping people in contact with people who are going to instill good choices is something that would be very helpful. Currently there are four, soon to be five, peer specialists that can be hired from NAMI and The Gathering Place. They can go out and speak with those who have a mental health issue during their recovery. Pritzl put the training part of this in his budget last year. Hiring a peer specialist is being discussed at the jail level and the County level and this is something that Judge Zuidmulder also talked about with the AODA. Weber noted the staff of Dar June is being trained in a state certified program. She felt that if someone has certification that they took the appropriate training and are helping people anyway behind the scenes, why couldn't recovery coaches and peer mental health specialist be offered. She would definitely recommend this but noted that people seemed to be a little leery at this point because it hasn't been done yet. She felt people are definitely going to relate to and talk to a person who has been through something similar. She does not think the County or judicial system is buying into this quite yet, but it is something that a lot of counties and programs have been doing. Pritzl said the training is being revamped by the State at this time and La Violette added that she likes the idea of peer support. Pritzl said The Gathering Place has some peer support specialists and Dar June staff is getting trained as well. Usually the peer specialists work for non-profits but Agar said that there are communities who have hired peer specialists either on a part time or full time basis. The peer specialists are able to make in-roads where others have failed and can provide numerous services like looking for housing, looking for clothing and teaching the correct way to use Narcan. Weber felt this needs to happen for the drug treatment courts. Statistics show that someone who is in recovery from an AODA issue can help someone else who is going through it and she thinks it should be being done here. Pritzl said this may be something he can bring to the Criminal Justice Coordinating Board to see what the interest of the judiciary would be.

Pritzl felt everyone was saying they are in favor of peer recovery. Zima urged Pritzl to ask for whatever tools he felt would be helpful. He felt this Committee is a powerhouse and Zima is determined to broaden the programs and get them to the point where they are showing success. Creating as much as success as possible will make things easier with the County Board, but we need to inch forward and broaden the work. Pritzl said he will bring things forward when he knows that they work.

Recommendation five was to explore the use of telepsychiatry to reduce waiting periods for access to psychiatric services. Pritzl noted grant resources were available for the initial purchase of equipment, but there are no additional grants available. He did note that he has budgeted to replace equipment next year to keep things up to date. Zima asked if telepsychiatry is effective. Pritzl responded that it is beneficial for some people. Agar added this is primarily for medication purposes and noted that now they need to have a therapist with the person during a telepsychiatry session. Pritzl noted that the waiting list went from 220 last year to 80 this year which is positive and due in part to telepsychiatry. He noted that it is not easy to find psychiatrists willing to do this, but this is the recommendation.

The last recommendation was focused on how information is shared collaboratively for coordination and this is something that has been a challenge in the past. There are barriers seen every day as to how to exchange information, and they have

not had a chance to dig into this too much yet. Pritzl said there is more information on this in the report as to other ways to share information. Lindner agreed that this is a big hang up as the law is very strict.

Zima asked who other than a psychiatrist can prescribe medication. Agar noted that an APNP (advanced practice nurse practitioner) can prescribe medication. A question was asked as to if the County could hire another APNP to help relieve the stress on the psychiatrists, but Pritzl responded that they have been unsuccessful in recruiting an APNP. He would suggest that Human Services be given time to look at the overall psychiatry staffing to see if there is existing capacity for telepsychiatry, but noted that the first order of business is to take care of the equipment. The focus should be on finding an APNP as Pritzl felt they were more effective than a psychiatrist. Agar agreed that APNPs can be very well trained and their personal skills seem to be warmer and more effective, but there are very few of them available in the State. More are being trained but the market for them is very competitive.

4. Such other matters as authorized by law.

The next meeting date was discussed and Zima felt that a meeting in about two weeks would be useful to hear from the jail liaison and the hospital people. September 14 was selected as the next meeting date and the meeting will be held at 12:00 pm. Schubert said he will reach out to the hospitals to ask for their attendance at the next meeting.

Zima said that in reviewing the minutes from the last meeting, it seemed like the detox was for alcohol and questioned if drug treatment was excluded. Pritzl said that other drugs would not be excluded, but the need for medical detox does not exist for other drugs as it does for alcohol. Someone with a heroin addiction, for example, would not need to go through medical detox. Pritzl noted that if someone is using multiple substances, they can go to Bellin, but not all detox needs to be done in a medical facility. Zima asked if something would be done about outreach for people who are in trouble who would benefit from services. Hoyer said that that is more the other aspect of things and felt that we need to have connections with some of the services where detox happens. Zima said that all of the communications that came through the County Board refer to alcohol and drug abuse detox treatment. Agar said the gap is primarily for alcohol detox that was the driving force of this initiative, but the initiative has been expanded to include anyone who needs medically necessary detox. Zima felt some outreach needs to be done to get the message out there that the services are available. He said we are here to help people, not for Human Services to figure out that it is going to cost too much. Pritzl said statutorily we are here to help people within the limits of funding and he is not going to overspend budgets. Zima felt that if the budget needs to be increased to meet the needs of the community, the staff cannot be the stumbling block. Hoyer appreciated Zima's enthusiasm but felt that things need to be put in place a little bit more. Pritzl agreed that outreach may be a little lacking, and people need to know that they can call intake at any time to seek services. Zima wants people to know there is help and where to call to get it. Different "help" phone numbers were discussed but Zima felt that that is too complicated. It needs to be a simple process. He does not want this initiative to continue with baby steps and he will not let the County Executive stop this. This Committee needs to be in the game of really making a change. The County needs to take advantage of the enthusiasm of the judges, the Sheriff, the District Attorney and this Committee and the community as a whole. Hoyer does not feel that people are holding back because of the County Executive by Zima disagreed. La Violette added that it is easy to tell department heads not to worry about the County Executive, but the Executive does have the authority to fire department heads. Hoyer also added that if too much money is put into something and it does not work, it will eliminate all of the credibility. We need to get started and get numbers before we put more money into it and this is not out of fear, it is out of reality of rolling things out and the time it takes.

Motion made by Erik Pritzl, seconded by Chery Weber to adjourn at 2:40 pm. Vote taken. MOTION CARRIED UNANIMOUSLY

Respectfully submitted,
Therese Giannunzio, Recording Secretary

Recommendations

RECOMMENDATION 1

BROWN COUNTY HAS DEMONSTRATED A SIGNIFICANT COMMITMENT TO IMPROVING THE LIVES OF PEOPLE WITH MENTAL AND SUBSTANCE USE DISORDERS, INCLUDING THOSE INDIVIDUALS WHO COME IN CONTACT WITH THE JUSTICE SYSTEM. AS A RESULT, THERE ARE MANY COMMITTEES AND TASK FORCES WORKING TO IMPROVE THE COMMUNITY'S RESPONSE TO ISSUES AT THE BEHAVIORAL HEALTH/CRIMINAL JUSTICE INTERFACE. BROWN COUNTY REPRESENTATIVES SHOULD EXPLORE THE POSSIBILITY OF CONSOLIDATING SOME OF THESE COMMITTEES TO ADDRESS THESE ISSUES AS A COORDINATED GROUP.

RECOMMENDATION 2

CONDUCT A PROCESS EVALUATION AND ESTABLISH PERFORMANCE MEASURES FOR THE RECENTLY IMPLEMENTED JAIL LIAISON PROGRAM AND THE DAY REPORTING CENTER THAT IS UNDER DEVELOPMENT. THE PROCESS EVALUATION SHOULD EXAMINE WHETHER THE PROGRAMS WERE IMPLEMENTED AS INTENDED. PERFORMANCE MEASURES SHOULD BE USED FOR ROUTINE MONITORING AND OVERSIGHT PURPOSES.

RECOMMENDATION 3

CONTINUE TO INCLUDE AND BUILD UPON THE WORK OF THE FAMILY MEMBERS WHO HAVE SHOWN SIGNIFICANT INTEREST IN COLLABORATING TO IMPROVE THE CONTINUUM OF CRIMINAL JUSTICE/BEHAVIORAL HEALTH SERVICES. MANY COMMUNITIES HAVE FOUND FAMILY MEMBERS AND PEOPLE WITH LIVED EXPERIENCE TO BE THE MOST EFFECTIVE "VOICES" IN BRINGING RESOURCES TO A COMMUNITY.

RECOMMENDATION 4

EXPAND FORENSIC PEER SUPPORT AND RECOVERY COACHING OPTIONS TO PROMOTE RECOVERY FOR JUSTICE-INVOLVED PEOPLE WITH MENTAL AND SUBSTANCE USE DISORDERS, FROM CRISIS-RESPONSE STRATEGIES TO REENTRY. MANY COMMUNITIES HAVE FOUND THAT PEER SPECIALISTS AND RECOVERY COACHES WITH A PERSONAL HISTORY OF INVOLVEMENT IN THE BEHAVIORAL HEALTH AND JUSTICE SYSTEMS ARE EFFECTIVE AT ENGAGING PEOPLE WHO HAVE PREVIOUSLY RESISTED OR HAD POOR EXPERIENCES WITH TRADITIONAL BEHAVIORAL HEALTH SERVICES.

RECOMMENDATION 5

EXPLORE USE OF TELEPSYCHIATRY TO REDUCE THE WAITING PERIOD FOR ACCESS TO PSYCHIATRIC SERVICES. GRANT RESOURCES MAY BE AVAILABLE SUPPORT TELEHEALTH SERVICES, SUCH AS FROM THE HRSA TELEHEALTH NETWORK GRANT PROGRAM.

RECOMMENDATION 6

INFORMATION SHARING AND UNDERSTANDING STATE AND FEDERAL HEALTH PRIVACY LAWS WERE IDENTIFIED GAPS AND WHILE NOT IDENTIFIED AS A PRIORITY, THERE WAS SUBSTANTIAL DISCUSSION OF HOW RESTRICTIONS IN INFORMATION SHARING INHIBITED COLLABORATION AND AGENCY COORDINATION.